

I. GENERAL/PROGRAM INFORMATION

A. Chain of Command

1. Director
2. Program Manager
3. Correctional Officer II (CO II)
4. Correctional Officer I (CO I)
5. For problems, issues, concerns, or questions on any shift, refer to policy and procedure and/or contact:
 - a. CO II on duty
 - b. On call supervisory staff
 - c. Program Manager

II. SHIFT ROUTINE – ALL SHIFTS

A. General Staff Responsibilities

1. Supervision of Residents

- a. **AT ALL TIMES AND ON ALL SHIFTS, RESIDENT SUPERVISION IS THE PRIMARY RESPONSIBILITY OF ALL STAFF.** Center staff will be expected to have identifiable assignments, made by a supervisor if available, or agreed among others
- b. General shift responsibilities will be:
 - (1) Resident Supervision/Interaction
 - (a) Staff should, at all times, be either circulating or at staff desk
 - (2) Transport
 - (3) Kitchen/M meal preparation
 - (a) The use of residents for meal preparations is required. There should never be an instance where all staff on duty are in the kitchen working on meal preparation
 - (4) If there is only one staff member in the house (other on transport, etc) that staff member must be circulating and supervising residents

c. Urinalysis Screening

- (1) Advise youth a urine test for controlled substances will be administered. Give youth the opportunity to admit to drug usage prior to test. Should youth admit to using a controlled substance, ask youth to fill out, sign, and date YCC 60-19 (A) Substance Abuse Admission Form. Continue with testing procedures.
- (2) Request youth remove all excess clothing such as coats, hats, sweaters, etc. Advise youth to remove all items from pockets. Take youth to lavatory. Ensure youth washes hands with soap and water and dries them completely.
- (3) The officer must wear exam gloves at all times during the urinalysis collection. Write youth's ID number and date on urine cup prior to requesting a sample. Give urine cup to youth and visually observe collection. Visual observation may only be conducted by someone of the same gender. Request youth place testing lid on sample and place on paper towel on counter top. Place rapid-result screening device into urine sample. Follow manufacturer's directions.
- (4) If the test is negative, ask youth to empty sample into toilet. Place empty container and test stick into Ziploc bag and seal. Dispose of into trash container.
- (5) If the youth is known to be infected with any bloodborne pathogen (i.e. HIV, Aids, Hepatitis A, B, or C, etc.) or if blood is suspected in the urine

sample, then universal precautions must be used. The urine sample will be flushed down the toilet. The urine cup, test stick or any other objects in contact with specimen will be double bagged and sealed. The items will be placed into the biohazard waste container provided by the Department. A licensed contractor will then dispose of the biohazard waste when the container becomes filled.

- (6) If the test is positive for controlled substances and the youth admits, then follow through with recommended sanctions and fill out YCC 60-19 (A), Substance Abuse Admission Form. If results from the screening test are positive and the youth does not admit use, sample must be forwarded for confirmatory testing to a Department-approved laboratory to determine precisely which drug or drugs are present in the specimen. The urine sample will be sealed with evidence tape and then the youth will initial and date the sample. The sample must be double bagged in a leak proof Ziploc bag to insure against leakage. Ask youth about any medications he or she is taking and note them on the screening form. Follow the protocol for the crime lab or other screening agency and ensure their forms are utilized. Place sample in the designated cold storage/evidence area until sample is sent for further testing. Additional screening may not necessarily delay sanctions.
- (7) Each time a youth is tested, the individual collecting the specimen must complete the Drug and Alcohol Screening Form [YCC 60-19 (D)]
- (8) A Drug Testing Monthly Report [YCC 60-19 (B)] will be sent to YCC Administrative Support by the seventh day of each month or the last business day prior.

2. Security Issues

a. Morse Watchman

- (1) No more than 30 minute intervals
 - (a) Tour must start at the sensors in the offices, then random scanning of sensors to avoid predictability.
- (2) More often for run risks
- (3) No more than 10 minute intervals on suicide watch
- (4) After bedtime two staff persons shall complete rounds together
- (5) Entered in house log

b. Common areas search

- (1) Document in log book
- (2) Complete Youth Accountability Form

3. Breaks

- a. Breaks for staff members should be at opportune times and provide for adequate resident supervision

B. Incoming Staff

1. Sign shift change book

- a. Exchange and sign out keys
- b. Count money in Imprest Cash Drawer and list on form

2. Status/Information Check

- a. Read all log entries since last shift
- b. Check status boards
- c. Check medication required
- d. Check appointment schedule
- e. Check mail box on wall by closet

3. Plan out meds for shift
 - a. Dispense medications as required
 - b. LOG **ALL** PRESCRIPTION OR OVER THE COUNTER MEDICATIONS ON THE YOUTH'S CARD IN THE MEDICATION LOG!
4. Morse Watchman Patrol
 - a. Perform initial check of centers
 - b. Incoming and outgoing staff will conduct a joint tour of each house at 8 AM, 4 PM, and 12 AM.
- C. Outgoing Staff
 1. Sign Shift Change Book
 - a. Exchange and sign in keys
 - b. Enter all information on Youth Accountability Checklist and sign
 - (1) Enrolled count will be according to the status board
 - c. Enter any entrances or exits from the program
 2. Check Daily Activity Sheet for accuracy
 - a. Make sure all activities for the shift are listed
 - b. Make sure that all entries are closed unless youth is still away from the center
 - c. List hours for all activities of youth during shift
 3. Log appropriate information in each houses log. The log is a legal record and will be used only for official use. Include:
 - a. List of residents (mids)
 - b. On an ongoing, as they occur basis (every ½ hour would be OK) to include:
 - (1) Activities of residents in the house or in the community.
 - (2) Medical/Health care
 - (3) Significant occurrences of the shift
 - (4) Resident requests or issues that need to be passed on to other shifts
 - (a) Include requests for wakeups, money, equipment or supplies
 - (5) Outings
 - (a) Participants
 - (b) Arrival and departure times
 - (6) Disciplinary Action during the shift
 - (7) Bed checks if applicable
 - (8) Fire drills
 - (9) Absconders/Walk a ways

THIS DOES NOT REPLACE OTHER RECORDING REQUIRED ON THESE ISSUES!
 4. Log appropriate information in resident chronological record
 - a. Activity of the youth during the shift
 - (1) Include assigned activities and outings
 - b. Observed behavior
 - c. Consequences during the shift
 - d. Any other pertinent information

III. **SHIFT RESPONSIBILITIES**

(Note: Asterisk denotes shift responsibilities assigned to individuals working that particular shift)

A. Midnight to 8:00 AM

1. *Medications
 - (1) Maintain the medication boards for the Male and Female Transition Centers
 - (2) Call in medication refills

- (3) Advise designated staff of any refills requiring further action or required doctor appointments pertaining to medication
 - (4) Maintain the medication log and keep monthly med cards current
 - (5) Ensure the medication strong box and file cabinet are secure
 - (6) Check the medication count from the previous day for transfer to new accountability checklist
 - (7) Determine which medications were not administered and for what reasons. Advise designated staff as necessary.
 - (8) Double check information on medication boards to ensure proper dosage and/or changes in dosage.
 - (9) Physically count medication after hand sanitation has been completed
 - (10) Place medication in individual pouches in the green med book.
2. Cleaning
 - a. Kitchen
 - (1) Clean and disinfect:
 - (a) Counter tops and all surfaces
 - (b) Table and milk machine
 - (c) Cook top and range hood
 - i) Change foil on burners as needed
 - (d) Oven
 - i) Anytime there is something spilled in oven
 - ii) Must be cleaned thoroughly at least once a month
 - (e) Behind microwave, bread box, etc
 - (f) Floors
 - i) Mop nightly
 - (2) Refrigerator
 - (a) Wipe down and disinfect surfaces inside and out
 - (b) Dispose of any undated items or those over 2 days old
 - (c) Defrost once a month, or more often as needed
 - (3) Freezers
 - (a) Check daily
 - (b) All must be defrosted and thoroughly cleaned at least once a month
 - (4) Clean exterior and interior of microwave (special care must be given to inside top of microwave)
 - (5) Clean and disinfect all surfaces of milk machine
 - (6) Check cupboards for order and cleanliness
 - b. Bathroom
 - (1) Clean and disinfect all surfaces
 - (a) Toilet
 - (b) Sink.
 - (c) Tubs and showers
 - (2) Wash and disinfect walls and tile surfaces
 - (3) Mop floors nightly
 3. General Maintenance
 - a. Check and replace light bulbs in common areas and office as required
 4. Record keeping responsibilities
 - a. Begin new accountability form
 - (1) Use count from board in office
 - (2) List all residents enrolled in home
 - b. Complete prior day's accountability form

- (1) Total hours from Daily Activity Log
 - (2) Leave notes for previous days staff if you have any questions/coding is unclear
- c. Update resident Monthly Activity Form weekly
- d. Total Resident Notebooks
 - (1) Points from previous day
 - (2) Outing hours used
- e. Thursday
 - (1) Calculate weekly allowances
 - (a) Make and insert new point sheets in resident notebooks
- 5. Prepare meals in advance or thaw items from freezer as requested
- 6. Wake up
 - a. Residents are to be dressed when leaving their rooms
 - b. Wake up times will be based upon the residents' schedule but will be no later than 10:00 AM. Exceptions will be made for residents that work alternative hours.
 - c. Give staggered wake up calls to allow bathroom access
 - d. **Never touch residents during wake up (for all youth interactions follow YCC 1.3.12, Staff Conduct with Current and Discharged Youth)**
- 7. Prepare and serve breakfast
- 8. Give out and collect hygiene kits
- 9. Get youth off to constructive day assignments as appropriate
 - a. Must list all residents on and complete entries for Daily Activity Log as they leave the center
- 10. Model, teach and Encourage appropriate problem solving skills
- 11. De-escalate such conflicts as arise and maintain a calm and appropriate atmosphere
- 12. Warnings will be issued for infractions, continued behaviors will result in point deductions
- B. 8:00 AM to 4:00 PM
 - 1. Monday – Friday
 - a. Call in daily count to MSP Classification Office
 - b. Continue getting residents to constructive day assignments
 - (1) Must list all residents on and complete entries for Daily Activity Log as they leave and return to the center
 - c. Arrange for and transport youth to appointments as needed
 - (1) Medical
 - (2) Dental
 - (3) Treatment
 - (4) Employment/Job Searching
 - (5) Other scheduled activities or appointments
 - d. Perform agenda checks of all residents outside the center
 - e. Perform room searches
 - f. Perform back-pack, pat down and other searches as residents return from constructive day assignments
 - g. Handle phone calls
 - h. Supervise and find projects for youth in home
 - i. Maintain such records as required for house supervision
 - j. Administrative duties and functions as assigned by the Program Director
 - k. Model, Teach and Encourage appropriate problem solving skills

1. De-escalate such conflicts as arise and maintain a calm and appropriate atmosphere
2. Weekends
 - a. Plan, discuss with youth and coordinate eating
 - (1) Evening planned group activity
 - (2) Youth requests for WATTS calls to family
 - (3) Youth requests for regular phone calls
 - (4) Youth requests for outings
 - b. Saturday all linens and beds will be changed.
 - c. Sunday deep cleaning is to be done
- C. 4:00 PM to Midnight
 1. Transport youth to appointments as needed
 - a. Medical
 - b. Dental
 - c. Treatment
 - d. Employment/Job Searching
 - e. Other scheduled activities or appointments
 2. Perform agenda checks of all residents outside the center
 3. Prepare and serve dinner
 - a. Involve residents in the meal preparation process
 - b. Follow indicated menu
 - c. Maintain a calm and relaxed family atmosphere
 - d. Teach and model appropriate nutritional habits and table manners
 - e. Residents and staff will come together at the table to allow interaction time.
 - f. Residents should stay at meals for about 30 minutes, or at least until all have calmly completed eating
 4. Plan, discuss with youth and coordinate evening activities including
 - a. Evening planned group activity
 - b. Youth requests for WATTS calls to family
 - c. Youth requests for regular phone calls
 - d. Youth requests for outings
 - e. Laundry assignments for the evening
 5. Supervise chores and dishes
 - a. Reassign chores as needed
 6. Residents will remain in common areas. When residents are allowed to be in bedrooms, outside, or other areas a staff member will be circulating.
 7. Model, Teach and Encourage appropriate problem solving skills
 8. De-escalate such conflicts as arise and maintain a calm and appropriate atmosphere
 9. Snack time
 - a. Evening snacks will be prepared and eaten by 9:30 PM. This allows time for clean up and dishes before lights out.
 - b. When a resident returns home from work after snack time or lights out, s/he will be allowed to have a snack and some downtime before going to bed.
 - c. Pay particular attention to residents on ADD/ADHD medications. They should be offered an opportunity to eat before bed time
 10. Residents must be in bed weekdays by 10:00 PM with lights out by 10:30 PM and weekends by 11:00 PM with lights out by 11:30 PM
 - a. At bedtime supervise youth in retiring for the night
 - b. Hygiene kits are to be turned in to staff and put away at bed time

- c. MTC Staff should divide responsibilities between upstairs and downstairs bedrooms. ONE STAFF MEMBER MUST REMAIN DOWNSTAIRS UNTIL ALL YOUTH ARE ASLEEP
- d. FTC STAFF WILL REMAIN IN DINING ROOM OR VANITY AREA UNTIL ALL YOUTH ARE ASLEEP.

IV. Signs, Symptoms, and Actions for Emergency

- A. Methods of obtaining assistance and transferring to appropriate medical facilities or health care providers, including emergency medical back-up plans.
 - 1. In general staff members should err on the side of caution and call “911” and request an ambulance if there is any question which route is appropriate.
 - 2. If youth is capable of walking transport to Benefis Emergency Room.
 - 3. If youth is not capable of walking contact “911” and request ambulance assistance.
 - 4. In cases of possible drug overdose it may still be necessary to dial “911” even if the youth is capable of walking.
 - 5. Contact Poison Control at 1-800-525-5042 if poisoning is suspected.
- B. Signs and symptoms of mental illness, low functionality, chemical use and/or dependency.
 - 1. Some Mental Illness signs
 - a. Depression: Sad, Withdrawn, Isolated, Crying, Irritable, Angry, Assaultive, Oppositional behavior, appetite or weight changes considerably, change in sleeping pattern, restless, agitated or slowed down, lost a lot of energy, feels worthless or complains of feeling inappropriately guilty, believes life is not worth living.
 - b. Bipolar Disorder: Extreme mood shifts without evident reason
 - c. Psychosis: Explosive anger, Anxious, Nervous, don’t connect with others
 - d. Disruptive disorders such as ADHD:
 - (1) Inattentive youth: Difficulty concentrating, difficulty paying attention, forgetful, easily distracted, cannot focus.
 - (2) Impulsive/hyperactive: Can’t sit still, fidgeting, interrupts
 - e. Eating disorders:
 - (1) Anorexia: fail to maintain a minimally normal body weight, intensely afraid of even the slightest weight gain, perception of body shape and size is distorted, tend to be a perfectionist and over-achieving
 - (2) Bulimia: eating binges to avoid weight gain and then inappropriately eliminate food
 - 2. Some Chemical Use and/or Dependency signs
 - a. Narcotics such as Heroin, Codeine, and Morphine
 - (1) Physical: watery eyes, runny nose, cramps, nausea, loss of appetite, yawning, tremors, chills, and sweating
 - (2) Psychological: irritability, panic, and anxiety
 - b. Stimulants such as Meth, Cocaine, and Caffeine
 - (1) Physical: cravings, tiredness, and headaches
 - (2) Psychological: depression, paranoia, disorientation, aggression, apathy (Meth), anxiety, and irritability
 - c. Depressants such as Alcohol, Barbs, Xanax, Valium, etc.
 - (1) Physical: loss of appetite, muscle tremors, insomnia, sweating, and hyperactivity
 - (2) Psychological: anxiety, delirium, psychosis, and altered perceptions

- d. Hallucinogens such as MDMA, Marijuana, and LSD
 - (1) Physical: hyperactivity (marijuana) and loss of appetite
 - (2) Psychological: depression, anxiety, irritability, delirium, and paranoia
 - e. Nicotine such as Cigarettes, Chewing Tobacco, and Pipes
 - (1) Physical: cravings, headaches, indigestion, diarrhea, sore throats, increased appetite, fatigue, coughing, nausea, and insomnia
 - (2) Psychological: irritability, depression, restlessness, feelings of frustration and anger, lack of concentration, and anxiety
- C. First Aid/CPR
- 1. Consult your Wallet Skill Guide for:
 - a. Personal Safety;
 - b. Activating EMS;
 - c. Clearing and Protecting Airway;
 - d. Unresponsive Patient;
 - e. CPR for Cardiac Arrest;
 - f. Choking;
 - g. Bleeding and Shock;
 - h. Warning Signs for Serious Illness; and
 - i. Mechanism for Significant Injury.